

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012467

STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		c. CITY OR TOWN Naylor	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Drs. Hospital		d. STREET ADDRESS (If outside, give location) Gen. Delivery	
3. NAME OF DECEASED (Type or print) First REBECCA Middle SUE Last GREER		4. DATE OF DEATH Month April Day 11 , Year 1959	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 20-1892
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		9b. KIND OF BUSINESS OR INDUSTRY at home	
10a. FATHER'S NAME Dick Gould		10b. MOTHER'S MAIDEN NAME Nancy Coffman	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		12. SOCIAL SECURITY NO. none	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension DUE TO (c) _____		14. NAME OF HUSBAND OR WIFE deceased	
15. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		16. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
17. TIME OF INJURY Hour _____ a.m. _____ p.m.		18. CITY, TOWN, OR LOCATION Naylor, Mo.	
19. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from April 11, 1959 to April 11, 1959 and last saw her alive on April 11, 1959 Death occurred at 1:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22. ADDRESS Naylor, Mo.	
23. SIGNATURE J. L. Smith, D.D.		24. DATE SIGNED 4-18-59	
25. BURIAL, CREMATION, REMOVAL (Specify) Burial		26. DATE 4/13/1959	
27. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		28. LOCATION (City, town, or county) (State) Naylor, Missouri	
29. FUNERAL DIRECTOR Edwards-Parrent		30. ADDRESS Naylor, Mo.	
31. DATE RECD. BY LOCAL REG. 4/18/59		32. REGISTRAR'S SIGNATURE R. M. Minter	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Gene Harsent

Licensed Embalmer No. *4809*

P. O. Address *Wayton, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.